



Thank you for contacting the State Department of Consumer Affairs, Ambassador Program. Your answers to the following questions will enable us to determine how we can best assist you. A four (4) week advance notice is preferred.

PLEASE PRINT OR TYPE

NAME of Organization

TOPIC OF PRESENTATION

TITLE OF EVENT

DATE AND TIME a.m./ p.m.

ADDRESS of Presentation

Type of Audience (i.e., students, service clientele, advisory commission, etc.)

Anticipated Attendance

Duration of Presentation

Length of Question and Answer Period

Other Speakers at Event?

Hoped-for goals at event

How will you publicize this event?

Briefly describe the services of your organization. Please provide literature or a fact sheet on your organization (if available). You may use the back of this form if needed.

Program Contact Person:

Address:

Telephone: _____ **Fax:** _____

E-mail Address:

Please mail or fax completed form to:
State of California, Department of Consumer Affairs, Ambassador Program
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